

ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2018 OF THE CONDITION AND AFFAIRS OF THE

HAP Midwest Health Plan, Inc. (Name)

NAIC Group Code 1311 (Current Period)	, <u>1311</u> (Prior Period)	NAIC Company Code	95814	Employer's ID Numb	er <u>38-3123777</u>
Organized under the Laws of	Michigan	, State	of Domicile or	Port of Entry	Michigan
Country of Domicile		 United	States		
	cident & Health [] Service Corporation []	Property/Casualty [] Vision Service Corporate HMO, Federally Q	ation [] H	ealth Maintenance Organ	Service or Indemnity []
Incorporated/Organized	01/01/1994	Commence	d Business	01/0	1/1994
Statutory Home Office	2050 West Co	and Divid	-	Datusit MI LIC	40000
	2850 West Gra (Street and Nu		,	Detroit, MI, US (City or Town, State, Count	
Main Administrative Office		2850 \	West Grand Bl	lvd	
	LIC 40000		eet and Number)		
			(A	888-654-2200 Area Code) (Telephone Number)	1
Mail Address	PO Box 2578	,		Detroit, MI, US 482	02
	(Street and Number or P.O. Box)		(City or Town, State, Country and	I Zip Code)
Primary Location of Books and Reco	rds			t Grand Blvd	
Detroit, MI,	US 48202	,	(Street at	nd Number) 888-654-2200	
(City or Town, State, C	country and Zip Code)		(Area C	ode) (Telephone Number) (Exte	nsion)
Internet Web Site Address		www.Hap	o.org\midwest		
Statutory Statement Contact	Dianna L. Rona	in CPA,		248-443-1093	
dronan@				(Area Code) (Telephone Numb 248-443-8610	er) (Extension)
(E-Mail A	ddress)			(Fax Number)	
		OFFICERS			
Name	Title	002.0	Name		Title
Michael Allen Genord MD	, President	<u> </u>	Richard Evan S	Swift,	Treasurer
Michelle Denise Johnson Tidjani Esq. #	, Secretary	, -	Гeresa Lynn K	(line .	Chairman
	· ———•	OTHER OFFICER			
William Robert Barnes #	, Assistant Secr				
	DIDE	CTORS OR TRU	STEES		
Michael Allen Genord MD	Richard Evan		Teresa Lynn K	line Kenr	neth Michael Treash #
State ofMichigan					
County ofWayne.	SS				
The officers of this reporting entity, being above, all of the herein described assets that this statement, together with related liabilities and of the condition and affairs and have been completed in accordance may differ; or, (2) that state rules or regul knowledge and belief, respectively. Further when required, that is an exact copy (exergulators in lieu of or in addition to the entitle of the state of the state rules of the state rules or regulators in lieu of or in addition to the entitle of the state rules of the	were the absolute property of exhibits, schedules and exploit the said reporting entity as with the NAIC Annual Statemelations require differences in the scope of this attempt the for formatting differences of the said the scope of the said th	f the said reporting entity, free lanations therein contained, at of the reporting period stated ent Instructions and Accounting reporting not related to accounstation by the described officer	and clear from a nnexed or referra above, and of its Practices and P ting practices are also includes	any liens or claims thereon, red to, is a full and true stass income and deductions the procedures manual except to a procedures, according to the related corresponding e	except as herein stated, and atement of all the assets and erefrom for the period ended, o the extent that: (1) state law the best of their information, electronic filing with the NAIC,
Michael Allen Genord N President	MD	Richard Evan Swift Treasurer			Robert Barnes nt Secretary
Subscribed and sworn to before meday of	e this ,		b. If no: 1. Sta 2. Da	s an original filing? : ate the amendment numl te filed imber of pages attached	Yes [X] No []

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

						_
1 Name of Debtor	2 1 20 Days	3 31 - 60 Days	61 00 Davis	5 Over 90 Days	6 Nonadmitted	7 Admitted
	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmilled	Admitted
0199999 Total individuals			·			
Group subscribers:	0.054.044			400, 000		4 007 540
Group subscribers: CMS - Medicare	3,954,211			433,333		4,387,543
State of Michigan - Medicaid	2 , 105 , 508		2,756,860			4,862,367
			·			
			·			
			·			
			·			
0299997 Group subscriber subtotal		0	2,756,860	433,333	0	9,249,911
0299998 Premiums due and unpaid not individually listed						
0299999 Total group	6,059,718	0	2,756,860	433,333	0	9,249,911
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	6,059,718	0	2,756,860	433,333	0	9,249,911

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 2 2 3 3 1.00 Days 51.00 Days 51																	
######################################	1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted											
1,887.25	Pharmaceutical Rebate Receivables																
	0199998 - Aggregate of amounts not individually listed above.	1,687,297					1,687,297										
	0199999 - Pharmaceutical Rebate Receivables	1,687,297	0	0	0	0	1,687,297										
9696 Gross meel th Carro Roceivales 1,687,287 0 0 0 0 1,687,2																	
999 Gross tealth Care Receivables 1,697,291 0 0 0 0 1,697,2																	
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9999 Gross Health Care Receivables 0 0 0 0 1.687,297 0 0 0 1.687.297					I												
	0799999 Gross Health Care Receivables	1,687.297	0	0	0	0	1,687.297										

EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

		eivables Collected the Year		ceivables Accrued 31 of Current Year	5	6
Type of Health Care Receivables	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued	4	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Pharmaceutical rebate receivables	1,838,013	3,390,305		1,687,297	1,838,013	1,838,013
Claim overpayment receivables					0	
Loans and advances to providers					0	
Capitation arrangement receivables					0	
5. Risk sharing receivables					0	
6. Other health care receivables					0	
7. Totals (Lines 1 through 6)	1,838,013	3,390,305	0	1,687,297	1,838,013	1,838,013

Note that the accrued amounts in columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

	Aging Analysis of Unpaid	Claims				
1	2	3	4	5	6	_ 7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported) HRA/GME/SNAF						
HRA/GME/SNAF	16 , 135					16 , 135
Pharmacy Benefit Manager. PCP-PIP	648,773					16 , 135 648 , 773 397 , 511
PCP-P1P					397 ,511	397 , 511
				·····		
				·····		
				·····		
ACCORDANGE AND PRODUCTION OF THE PRODUCTION OF T	664.908			l		1 060 410
0199999 Individually listed claims unpaid	004,900	υ	μ	^U		1,062,419
0299999 Aggregate accounts not individually listed-uncovered						
0399999 Aggregate accounts not individually listed-covered	204 200			2	007.544	1 200 110
0499999 Subtotals	664,908	0	0	0	397,511	1,062,419
0599999 Unreported claims and other claim reserves						16,513,762
0699999 Total amounts withheld						
0799999 Total claims unpaid						17 , 576 , 181
0899999 Accrued medical incentive pool and bonus amounts						2,350,478

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Adm	itted
	_		·		1	7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
		NONE					
		L		 	 		
				<u> </u>	<u> </u>		
0100000 Individually listed receivables	0	<u></u>	1	0	1 0	0	0
0199999 Individually listed receivables							
0399999 Total gross amounts receivable	0	0	0	0	0	0	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Health Alliance Plan	General & Administrative Expenses. General & Administrative Expenses.		9,460,043	
Henry Ford Health System	General & Administrative Expenses		12,494	
, , , , , , , , , , , , , , , , , , , ,				
0199999 Individually listed payables	1	9,472,537	9,472,537	0
0199999 Individually listed payables			· · ·	
0399999 Total gross payables		9,472,537	9,472,537	0

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	D	0.0				
2. Intermediaries	0	0.0		0.0		
3. All other providers	5,125,179	5.1	7,900 	100.0	5,125,179	<u> </u>
4. Total capitation payments	5,125,179	5.1	7,900	100.0	5, 125, 179	<u> </u> 0
Other Payments:						
5. Fee-for-service		0.0	xxx	XXX		
6. Contractual fee payments	95,992,589	94.9	xxx	XXX	95,992,589	
7. Bonus/withhold arrangements - fee-for-service	0	0.0	xxx	XXX		
Bonus/withhold arrangements - contractual fee payments	0	0.0	xxx	XXX		
9. Non-contingent salaries	0	0.0	xxx	XXX		
10. Aggregate cost arrangements	0	0.0	xxx	XXX		
11. All other payments	0		xxx	XXX		<u> </u>
12. Total other payments	95,992,589	94.9	xxx	XXX	95,992,589	0
13. Total (Line 4 plus Line 12)	101,117,768	100 %	XXX	XXX	101,117,768	0

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Total Adjusted Capital	Control Level RBC
999999 Totals		0	XXX	XXX	XXX

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment						
Medical furniture, equipment and fixtures	<u> </u>					
Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	0	0	0	0	0	0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HAP Midwest Health Plan, Inc.

NAIG O O	= NA*-1-*			DUDING THE VEAD	0040			(LOCATION)	10.0	05044
IAIC Group Code 1311 BUSINESS IN THE STATE OF	- Michigan	Compre	hensive	DURING THE YEAR	2018			NA	IC Company Code	95814
	1	(Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	7,811							5,320	2,491	
2 First Quarter	7,289							5,021	2,268	
3 Second Quarter	8,048							4,993	3,055	
4. Third Quarter	7,917							4,783	3,134	
5. Current Year	7,900							4,624	3,276	
6 Current Year Member Months	92,386							58,381	34,005	
Total Member Ambulatory Encounters for Year:										
7. Physician	125,319							115,118	10,201	
8. Non-Physician	149,411							135,366	14,045	
9. Total	274,730	0	0	0	0	0	0	250,484	24,246	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	115,644,378							106,055,654	9 , 588 , 724	
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	115,644,378							106,055,654	9 , 588 , 724	
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	101,117,769							94,084,690	7,033,079	
18. Amount Incurred for Provision of Health Care Services	99,986,257							92,786,652	7,199,605	

(a) For health business: number of persons insured under PPO managed care products _and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HAP Midwest Health Plan, Inc.

AIC Group Code 1311 BUSINESS IN THE STATE OF	Connelidated			DURING THE YEAR 2	2040			(LOCATION)	AIC Company Code	95814
AIC Group Code 1311 BUSINESS IN THE STATE OF	Consolidated	Comprel		DURING THE YEAR 2	2018			N.F.	l Company Code	95814
	1	(Hospital 8	k Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	7,811	0	0	0	0	0	0	5,320	2,491	
2 First Quarter		0	0	0	0	0	0	5,021	2,268	
3 Second Quarter		0	0	0	0	0	0	4,993	3,055	
4. Third Quarter	7,917	0	0	0	0	0	0	4,783	3,134	
5. Current Year	7,900	0	0	0	0	0	0	4,624	3,276	
6 Current Year Member Months	92,386	0	0	0	0	0	0	58,381	34,005	
Total Member Ambulatory Encounters for Year:										
7. Physician	125,319	0	0	0	0	0	0	115,118	10,201	
8. Non-Physician	149,411	0	0	0	0	0	0	135,366	14,045	
9. Total	274,730	0	0	0	0	0	0	250,484	24,246	
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b)	115,644,378	0	0	0	0	0	0	106,055,654	9,588,724	
13. Life Premiums Direct		0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written		0	0	0	0	0	0	0	0	
15. Health Premiums Earned	115,644,378	0	0	0	0	0	0	106,055,654	9,588,724	
16. Property/Casualty Premiums Earned		0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	101,117,769	0	0	0	0	0	0	94,084,690	7,033,079	
18. Amount Incurred for Provision of Health Care Services	99,986,257	0	0	0	0	0	0	92,786,652	7,199,605	

(a) For health business: number of persons insured under PPO managed care products 0 ____and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$106,055,654

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SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	_6	_7	8	9	10	11	12	13
NAIC					Type Of	Type Of			Reserve Liability Other Than For	Reinsurance	Modified	
Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Reinsurance Assumed	Business Assumed	Premiums	Unearned Premiums	Unearned Premiums	Payable on Paid and Unpaid Losses	Coinsurance Reserve	Funds Withheld Under Coinsurance
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9999999	Totals						0	0	0	0	0	0

SCHEDULE S - PART 2 Listed by Peinsuring Company as of December 31, Current Year

Name	Reinsurance Recoverable on Paid and Unpaid Losses List				nsuring Company as of December 31, Current	Year 6	7
New Company Decided Period Peri		2	3	4	5	0	/
Company	1						
Code Number Code Company Arrisdiction Lesses Losses	NAIC			Name			
1931 and February 1937	Company				Domiciliary		Unpaid
\$\frac{3}{2} \times \frac{3}{2}	ccident and Hea	Ith - Non-Affili	ates - ILS Non-Aff	Company	Jurisdiction	Losses	Losses
9000 - 6-0 out of health - 6-00 are for health larger - 1 part of mission 2 str. 16	6535	36-4233459	01/01/2018	ZURICH AMER INS CO	NY	2,877,149	
22070 - Note of Paul No. Six of 100000, 100000 Melboh and 100000 (277.149) 2277.149 2277.149 2277.149	1999999 - Acci	dent and Health	- Non-Affiliates - U	J.S. Non-Affiliates		2,877,149	0
39899 - Total U.S. San of 089899, 1498999 and 398999 and 398999 and 398999 and 39899 and 3989	2199999 - ACCI	dent and Health	- Non-Affiliates -	lotal Non-Affiliates		2,8//,149	0
	2399999 - Tota	I U.S. (Sum of 0	399999 0899999 14	99999 and 1999999)		2.877.149	0
99999 Totals—Life, Annuly and Accident and Health 2,877-18							•
99999 Totals—Life Annuly and Accident and Health		·				 	
99999 Totals—Life, Annuty and Accident and Health 2, 87, 149		·····					
999999 Totals—Life, Annuly and Accident and Health 2, 287 1/3)		·····					
99999 Totals—Life, Amuly and Accident and Health 2,87119							
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999999 Totals—Life, Annuty and Accident and Health 2, 877, 149							
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	9999999 Tot	tals—Life, Annu	ity and Accident ar	nd Health		2,877,149	

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SCHEDULE S - PART 3 - SECTION 2

Dainauranaa Cada	l Assidant and Hasith Inc., vanca	Listed by Deinessing Company	as of December 31. Current Year
Reinsurance Geoed	i Accident and Health Insurance	Listed by Reinsuring Company a	as of December 31. Current Year

4			1				u by Kemsuring Con	T*************************************		Outstanding	Curplus Dalief	10	44
1 1	2	3	. 4	5	6	7	8	9	10		Surplus Relief	13	14
NAIC			Name		Type of	Type of		Unearned	Reserve Credit	11	12	Modified	
Company		Effective	of	Domiciliary	Reinsurance	Business	l <u> </u>		Taken Other than for		,	Coinsurance	Funds Withheld
Code	Number	Date	Company	Jurisdiction	Ceded	Ceded	Premiums	(Estimated)	Unearned Premiums	Current Year	Prior Year	Reserve	Under Coinsurance
General Acc	count - Authorize	d - Non-Affiliate	es – U.S. Non-Affiliates										
16535	36-4233459	01/01/2018	ZURICH AMER INS CO.	NY		SLEL	913,381						
			lon-Affiliates - U.S. Non-Affiliates				913,381	0	0	0	0	0	0
1099999 -	General Account	- Authorized - N	lon-Affiliates - Total Authorized Non-Affiliates				913,381	0	0	0	0	· ·	0
			otal General Account Authorized				913,381	0	0	0	0		0
3499999 -	General Account	- Total General	Account Authorized, Unauthorized and Certified				913,381	0	Ů	0	0	0	0
6999999 -	· Total U.S. (Sum	of 0399999, 0899	999, 1499999, 1999999, 2599999, 3099999, 3799999	, 4299999, 4899999,	5399999, 5999999 and	1 6499999)	913,381	0	0	0	0	0	0
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9999999) i otals						913,381	1 0	1 01	0	1 0	1 0	1 0 1

Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

SCHEDULE S - PART 6

Five-Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)

	(\$000	Omitted)	3	4	5
	2018	2017	2016	2015	2014
A. OPERATIONS ITEMS					
1. Premiums	0	0	888	18	17
2. Title XVIII-Medicare	813	831	0	329	73
3. Title XIX-Medicaid	100	160	0	1,712	1,272
Commissions and reinsurance expense allowance		0	0	0	0
Total hospital and medical expenses	2,163	1,200	1,246	1,251	310,506
B. BALANCE SHEET ITEMS					
6. Premiums receivable		0	0	0	0
7. Claims payable		0	0	0	0
Reinsurance recoverable on paid losses	2,877	1,202	820	1,212	1,231
Experience rating refunds due or unpaid		0	0	0	0
10. Commissions and reinsurance expense allowances due		0	0	0	0
11. Unauthorized reinsurance offset	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	0	0	0	0	0
14. Letters of credit (L)	0	0	0	0	0
15. Trust agreements (T)	0	0	0	0	0
16. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust	0	0	0	0	0
18. Funds deposited by and withheld from (F)	0	0	0	0	0
19. Letters of credit (L)	0	0	0	0	0
20. Trust agreements (T)	0	0	0	0	0
21. Other (O)	0	0	0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	37 , 043 , 161		37,043,161
1	Accident and health premiums due and unpaid (Line 15)			
3.	Amounts recoverable from reinsurers (Line 16.1)			2,877,149
4.	Net credit for ceded reinsurance	xxx	2,877,149	2,877,149
5.	All other admitted assets (Balance)	6,531,154		6,531,154
6.	Total assets (Line 28)	55,701,374	2,877,149	58,578,523
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	17 , 576 , 181	0	17 , 576 , 181
8.	Accrued medical incentive pool and bonus payments (Line 2)	2,350,478		2,350,478
9.	Premiums received in advance (Line 8)	18,079		18,079
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)	0		0
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)	0		0
12.	Reinsurance with Certified Reinsurers (Line 20 inset amount)	0		0
13.	Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14.	All other liabilities (Balance)	14,767,383		14,767,383
15.	Total liabilities (Line 24)	34,712,121	0	34,712,121
16.	Total capital and surplus (Line 33)	20,989,254	XXX	20,989,254
17.	Total liabilities, capital and surplus (Line 34)	55,701,374	0	55,701,374
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	0		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	2,877,149		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	2,877,149		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with Certified Reinsurers	0		
28.	Funds held under reinsurance treaties with Certified Reinsurers	0		
29.	Other ceded reinsurance payables/offsets	0		
30.	Total ceded reinsurance payables/offsets	0		
31.	Total net credit for ceded reinsurance	2,877,149		

SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN Allocated By States and Territories

					iness Only		
		1 Life	2	3 Disability Income	4 Long-Term Care	5	6
States, Etc.		(Group and Individual)	Annuities (Group and Individual)	(Group and Individual)	(Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama	AL						
2. Alaska	AK						
3. Arizona	AZ						
4. Arkansas	AR						
5. California	CA						
6. Colorado	CO						
7. Connecticut	CT						
8. Delaware							
District of Columbia							
10. Florida	-			• • • • • • • • • • • • • • • • • • • •			
11. Georgia							
	HI						
13. Idaho							
14. Illinois							
15. Indiana		ļ	.				
16. lowa	JA						
17. Kansas	KS						
18. Kentucky	KY						
19. Louisiana	LA						
20. Maine	ME						
21. Maryland							
22. Massachusetts							
	MI						
24. Minnesota							
25. Mississippi							
	MO						
27. Montana	MT		\ () \ 				
28. Nebraska	NE		NOINL				
29. Nevada	NV						
30. New Hampshire	NH						
31. New Jersey	NJ						
32. New Mexico	NM						
33. New York	NY						
34. North Carolina							
35. North Dakota	ND						
36. Ohio	OH						
37. Oklahoma							
	OR		-			l	
3	-						
39. Pennsylvania			-				·
40. Rhode Island						ļ	ļ
41. South Carolina						ļ	ļ
42. South Dakota	SD						
43. Tennessee	TN						
44. Texas	XX						
45. Utah	T						
46. Vermont	VT						
47. Virginia							
48. Washington							
49. West Virginia							
50. Wisconsin							
						l	
51. Wyoming			1			l	l
52. American Samoa							
53. Guam							
54. Puerto Rico						ļ	ļ
55. US Virgin Islands							
56. Northern Mariana Islands	MP						
57. Canada							
58. Aggregate Other Alien							
		0	0	0	0	0	

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SCHEDULE Y PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

	T o	1 2 1	4	-	•	7	T 0		10	T 44	10	1 40	1 44	1 45 1	40
1	2	3	4	5	6	/ Name of	8	9	10	11	12 Type of Control	13	14	15	16
						Securities					(Ownership,				
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent. Subsidiaries	Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)		Entity(ies)/Person(s)		*
Code	Henry Ford Health Systems	Code	Number	ROOD	CIR	international)	Health Alliance Plan of	Location	Littity	(Name of Entity/Ferson)	iriliderice, Other)	Fercentage	Henry Ford Health	(1/18)	
01311	Group	95844	38-2242827				Michigan	MI	UDP	Henry Ford Health System	Ownership	100.0	System	N	
01011	Henry Ford Health Systems		00-2242021				I III Cirryan			Health Alliance Plan of	10#11013111p	100.0	Henry Ford Health	1	
	Group	00000	38-2513504				HAP Preferred Inc		NIA	Michigan	Ownership	100.0	System.	l v	
	Henry Ford Health Systems		00 2010004				Alliance Health and Life	1		Health Alliance Plan of	. o "nor sirrp		Henry Ford Health	1'	
01311	Group	60134	38-3291563				Insurance Company	MI	LA	Michigan	Ownership	100.0	System	N	
01011	Henry Ford Health Systems	. 00 134	00-0201000				Administration System Research	1	· · · · · · · · · · · · · · · · · · ·	Health Alliance Plan of	. O will of 3111 p	100.0	Henry Ford Health		
	Group	00000	38-2651185				Corporation		NIA	Michigan	Ownership	100.0	System.	l v	
	Henry Ford Health Systems		00 2001100				001 por at 1011			Health Alliance Plan of	. o "nor sirrp	1	Henry Ford Health	1'	
01311	Group	95814	38-3123777				HAP Midwest Health Plan. Inc	MI	RE	Michigan	Ownership	100.0	System	l N	
01011	Henry Ford Health Systems	100011	00 0120111				I mranost noarth ran, mo	1		l in our gan	. oor om p		Oy o tom.	1'	
	Group	. 00000	38 - 1357020				Henry Ford Health System		UIP					l N	
	Henry Ford Health Systems		00 100/020				Thom y Tord Hourth by Stom						Henry Ford Health	· · · · · · · · · · · · · · · · · · ·	
	Group	. 00000	38-2791823				Henry Ford Wyandotte		NIA	Henry Ford Health System.	Ownership	100.0	System	l N	
	Henry Ford Health Systems		00 2701020				l		1	I de la la la la la la la la la la la la la		100.0	Henry Ford Health		
	Group	. 00000	38-2947657				Henry Ford Macomb Hospital		NIA	Henry Ford Health System	Ownership	100.0	System.	l N	
	Henry Ford Health Systems	100000	00 20 11 001				Henry Ford Macomb Real Estate,		1	l long for a floar til by o tolli	0 1101 0111 p		Henry Ford Health	1'	
	Group	. 00000	38-2947657				IIIC.		NIA	Henry Ford Health System	Ownership	100.0	System	l N	
	Henry Ford Health Systems	100000	00 2041 001				EEO	1		l diriy rord riddrith dystom	0 WITO TOTT P		Henry Ford Health	1	
	Group	. 00000	38-2565235				Fairlane Health Services Corp		NIA	Henry Ford Health System	Ownership	100.0	System	l N	
	Henry Ford Health Systems	100000	00 2000200				Tarrano noartii corvicco corp		1	l statistical distriction of the statistical states of the statistical states of the s	0 11 0 11 p		Henry Ford Health	1	
	Group	. 00000	33-1210726				Neighborhood Development LLC		NIA	Henry Ford Health System	Ownership	100.0	System	l N	
	Henry Ford Health Systems	1 1					Metropolitan Detroit Area			' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			Henry Ford Health		
	Group.	. 00000	38 - 1958953				Hospital Services, Inc.		NIA	Henry Ford Health System	Ownership	33.0	System	N	
	Henry Ford Health Systems	1 1					<u>'</u>			'	'		Hénry Ford Health	i i	
	Group	. 00000	90-0840304				Henry Ford Innovation Institute.		NIA	Henry Ford Health System	Ownership	100.0	System	N	
	Henry Ford Health Systems	1 1					Henry Ford Health System			'	'		Hénry Ford Health	i i	
	Group	. 00000	23-7383042				Foundation		NIA	Henry Ford Health System	Ownership	100.0		N	
	Henry Ford Health Systems										,		Hénry Ford Health		
	Group.	. 00000	32-0306774				Henry Ford Physician Network		NIA	Henry Ford Health System	Ownership	100.0	System	N	
	Henry Ford Health Systems						Northwest Detroit Dialysis						Henry Ford Health		
	Group	. 00000	38-3232668				Centers		NIA	Henry Ford Health System	Ownership	56.3	System	N	
	Henry Ford Health Systems	1											Henry Ford Health		
	Group.	. 00000	45-5325853				Home Dialysis Specialty Center	ļ	NIA	Henry Ford Health System	Ownership	30.0	System	N	
	Henry Ford Health Systems	1					Macomb Regional Dialysis				L		Henry Ford Health		
	Group	. 00000	26-0423581				Centers LLC.		NIA	Henry Ford Health System	Ownership	60.0	System	N	
	Henry Ford Health Systems	1								l <u>-</u>			Henry Ford Health		
	Group	. 00000	38-1378121				Sha Realty Corp	ļ	NIA	Henry Ford Health System	Ownership	100.0	System	N	
	Henry Ford Health Systems		00 0050705				l ₂			L		50.0	Henry Ford Health	l	
	Group.	. 00000	90 - 0659735				Pace Southeast Michigan		NIA	Henry Ford Health System	Ownership	50.0	System	N	
	Henry Ford Health Systems						l.,			l.,			Henry Ford Health]	
	Group	. 00000	26-3896897				Henry Ford West Bloomfield	ļ	NIA	Henry Ford Health System	Ownership	1100.0	System	- N	
	Henry Ford Health Systems	00000	00 0000 100										Henry Ford Health		
	Group	. 00000	38-3322462				P Cor, LLC (d/b/a Optimeyes)	ļ	NIA	Henry Ford Health System	Ownership	100.0	System	- N	
1	Henry Ford Health Systems		44 0000504							L		400 0	Henry Ford Health	l	
	Group.	. 00000	41-2223561				Henry Ford Pathology		NIA	Henry Ford Health System	Ownership	1100.0	System	N	

SCHEDULE Y PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
						Name of Securities					Type of Control (Ownership,				
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Y/N)	*
							Henry Ford Physicians								
	Henry Ford Health Systems	00000	46 - 5746225				Accountable Care Organization,		NIA	Honry Ford Hoalth System	Ownership	100.0	Henry Ford Health System	N	
	Group Henry Ford Health Systems		40-3740223				Center for Complementary and		JN I A	Henry Ford Health System	ownership	100.0	Henry Ford Health	. ·················	
	Group	00000	30-0092342				Integrative Medicine		NIA	Henry Ford Health System	Ownership	100.0	System	l N	
	Henry Ford Health Systems	İ					Henry Ford Health System		11/	Thom y for a floar til by stolli	0 #1101 5111 p	1	Henry Ford Health	1	
	Group	00000	46-4064067				Government Affairs Services		NIA	Henry Ford Health System	Ownership	100.0	System		
	Henry Ford Health Systems										,		Henry Ford Health		
	Group	00000	38-3044223				Horizon Medical Building, LP		NIA	Henry Ford Health System	Ownership	32.0	System	. N	
	Henry Ford Health Systems	00000	40 5004000				HEHO OOA HALADAAA II O		NII A	Harris Frank Harlikh Origina	Own a sala i sa	40.0	Henry Ford Health	l ,	
	Group Henry Ford Health Systems	00000	46 - 5291602				HFHS-SCA Holdings, LLC	-	NIA	. Henry Ford Health System	Ownership	49.0	SystemHenry Ford Health	. N	
	Group	00000	47 - 1436663				Michigan Metro Dialysis, LLC		NIA	Henry Ford Health System	Ownership	20.0	System	l N	
	Henry Ford Health Systems		47 - 1430003				Henry Ford Allegiance Health		NI/\	Themy ford hearth system	. Owner Sirip	20.0	Henry Ford Health		
	Group.	00000	38-2756428				Group		NIA	Henry Ford Health System	Ownership	100.0	System	N	
	Henry Ford Health Systems	1								Henry Ford Allegiance Health			Henry Ford Health		
	Group	00000	38-2024689				Henry Ford Allegiance Health		NIA	Group	Ownership	100.0	System		
	Henry Ford Health Systems						l.,			Henry Ford Allegiance Health			Henry Ford Health	l	
	Group	00000	38 - 1218485				Henry Ford Allegiance Carelink		NIA	. Group	Ownership	100.0	System		
	Henry Ford Health Systems Group	00000	38-3607833				Henry Ford Allegiance Health Foundation		NIA	Henry Ford Allegiance Health Group	Ownership	100.0	Hénry Ford Health System	N	
	Henry Ford Health Systems		30-3007033				Foundation		NIA	Henry Ford Allegiance Health	. ownersinp	100.0	Henry Ford Health	- · · · · · · · · · · · · · · · · · ·	
	Group.	00000	38-3370242				Henry Ford Allegiance Pharmacy		NIA	Group	Ownership	100 0	System	l N	
	Henry Ford Health Systems									Henry Ford Allegiance Health			Henry Ford Health		
	Group	00000	38-2756425				Healthlink		NIA	Group.	Ownership	100.0	System		
	Henry Ford Health Systems						1			Henry Ford Allegiance Health			Henry Ford Health	l	
	Group	00000	45-3253643				Jackson Health Network, L3C		NIA	. Group	.Ownership	100.0	System		
	Henry Ford Health Systems	00000					Talahaalth Mighigan		NIA	Henry Ford Allegiance Health	Ownership	100 0	Henry Ford Health System		
	Group Henry Ford Health Systems	00000		-			Telehealth Michigan		NIA	Group Henry Ford Allegiance Health	.Ownership	100.0	Henry Ford Health		
	Group.	00000	38-2594857				Physicians Choice Network, LLC		NIA	Group	Ownership	100 0	System	l N	
	Henry Ford Health Systems		200 1007				1			Henry Ford Allegiance Health			Henry Ford Health	1	
	Group.	00000		ļ			It's Your Life Services, LLC		NIA	Group	Ownership	100.0	System	. N	
	Henry Ford Health Systems						l.,			Henry Ford Allegiance Health			Henry Ford Health		
	Group	00000	38-2336367				Henry Ford Allegiance Hospice		NIA	. Group	.Ownership	100.0	System		
	Henry Ford Health Systems	00000	27 1502442				Jackson Community Medical		NII A	Henry Ford Allegiance Health	Ownership	100 0	Hénry Ford Health		
	Group		37 - 1502443				Record, L3C	-	NIA	. Group	.Ownership	100.0	System	. ··········	
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SCHEDULE Y PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
						Name of					Type of Control				
						Securities			D. L. C L. C.		(Ownership,				
		NAIG				Exchange if	Names of		Relationship			If Control is		Is an SCA	
Group		NAIC	ID	Federal		Publicly Traded (U.S. or	Names of Parent, Subsidiaries	Domiciliary	to Poporting	Directly Controlled by	Management,	Ownership	Ultimate Controlling	Filing	
Group Code	Group Name	Company Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Reporting Entity	Directly Controlled by (Name of Entity/Person)	Influence Other)	Percentage	Ultimate Controlling Entity(ies)/Person(s)	(Y/N)	*
Code	Oroup Name	Code	INGITIDE	ROOD	CIIX	internationar)	Of Allillates	Location	Littly	(Name of Entity/Ferson)	militaerice, Other)	rercentage	Littity(163)/1 613011(3)	(1/14)	
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Asterisk	Explanation
0000001	

4.

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
					Durch and Calas as	Income/						Daine
					Purchases, Sales or Exchanges of	(Disbursements) Incurred in						Reinsurance Recoverable/
					Loans, Securities,	Connection with		Income/		Any Other Material		(Payable) on
					Real	Guarantees or		(Disbursements)		Activity Not in the		Losses and/or
NAIC					Estate, Mortgage	Undertakings for the	Management	Incurred Under		Ordinary Course of		Reserve
Company	ID		Shareholder	Capital	Loans or Other	Benefit of any	Agreements and	Reinsurance		the Insurer's		Credit
Code	Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Dividends	Contributions	Investments	Affiliate(s)	Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)
95844		Health Alliance Plan of Michigan	6.661.906	Contributions	IIIVOUITIOITO	7 (11111010(0)	(288,650,653)			(5,000,000)	(286,988,747)	ranon/Liabinty)
000+1	. 38-2513504	HAP Preferred Inc.			*		(8,235,206)		1	(0,000,000)	(8,235,206)	
60134	38-3291563	Alliance HIth & Life Ins Co			·		(87,746,314)		1		(87,746,314)	
00104	38 - 1357020	Henry Ford Health System			·		342,895,795		1	5,000,000	347 ,895 ,795	
95814	38-3123777	Henry Ford Health System HAP Midwest Health Plan, Inc			·		(32,494,585)		1		(32,494,585)	
30014	38-2791823	Henry Ford Wyandotte			·		26,605,786		1			
	38-2594841	First Optometry			1		20,000,700		1		20,000,700	
	38-1368330	Detroit Osteonathic Hospital			1		0		1		0	
	38-2947657	Henry Ford Macomb Hospital			1		41,822,094		1		41,822,094	
	26-3896897	Henry Ford Macomb Hospital. Henry Ford West Bloomfield. Downriver Cancer Center.			1		412,557		t		41,022,094	
	38-3193008	Downriver Cancer Center			1		12,507 N		†		412,337	
	38-2433285	HFH - Belmont Nursing.							·····		0	
	38-3322462	P Cor, LLC.					1,589,334		·····		1,589,334	
	38-3232668	Northwest Detroit Dialysis Centers	†		+		2,640,348		····		2,640,348	
	26-0423581	Macomb Regional Dialysis Centers LLC.	 		+		492,053		····		492,053	
	41-2223561	Henry Ford Pathology			+		643,226		·		643,226	
	38-2433285	Henry Ford Continuing Care			+		043,220		····		043,220	
	30-0092342	Center for Complimentary and Integrated					25,565		ł		25,565	
	38-2651185	Admin Sys Res CorpAdmin Sys Res Corp	(6,661,906)				20,000		ł		(6,661,906)	
	. 30 - 200 100	Admitt Sys kes corp	[(0,001,900)]		+		LU				(0,001,900)	
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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

	MARCH FILING	Responses				
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES				
2.	Will an actuarial opinion be filed by March 1?	YES				
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES				
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES				
	APRIL FILING					
5.	Will Management's Discussion and Analysis be filed by April 1?	YES				
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES				
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES				
	JUNE FILING					
8.	Will an audited financial report be filed by June 1?	YES				
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES				
	AUGUST FILING					
10.	Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES				
The following supplemental reports are required to be filed as part of your statement filing if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.						
	MARCH FILING					
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO				
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO				
13.	Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	SEE EXPLANATION.				
14.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	N0				
15.	•	N0				
16.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	N0				
17.		N0				
18.	·	N0				
19.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?	N0				
	APRIL FILING					
20.		NO				
21.		NO				
22.		NO				
23.	·	N0				
24.	Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1? Will the Adjustment to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be	SEE EXPLANATION				
25.	filed with the state of domicile and the NAIC by April 1?	NO				
	AUGUST FILING					
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	SEE EXPLANATION				
xplar	nation:					
1.						
2.						
3. Th	e Company has less than 100 shareholders.					
4.						
5.						
6.						
7.						
8.						
υ.						

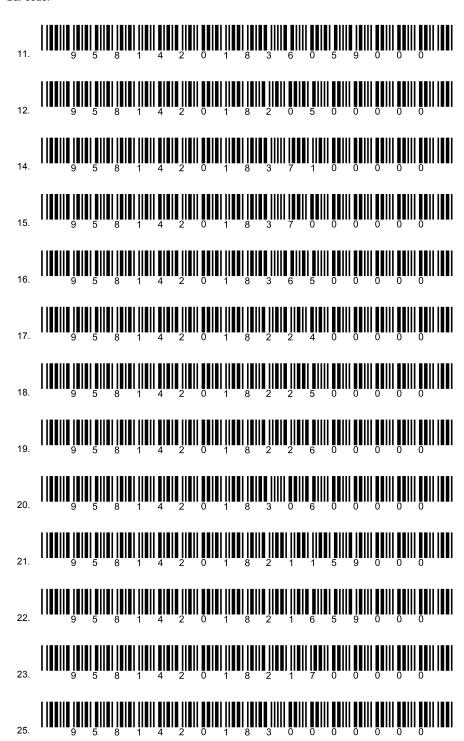
19.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

21.
22.
23.
24. The Company is not a member of the Michigan Life & Health Insurance Guaranty Association
25. The Company is not a member of the Michigan Life & Health Insurance Guaranty Association
26. The Company is not subject to MAR filing.

Bar code:

20



OVERFLOW PAGE FOR WRITE-INS

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